

Questions and Answers

RFP 2009-PTF-01

3/18/2009

1. The "Final Report" from PCG referenced in the answer to Question #8 posted on the agency's website was not included. Can we obtain a copy?

Please note that the Questions and Answers dated 10/21/08 are for a previous procurement that was cancelled. The "Final Report from PCG" has been reposted.

2. What process does the State use to confirm participating physicians for each of the approved physician UPL locations/practices? Does the state acquire periodic attestations?

Medicaid obtains this list of participating physicians from the Teaching Facilities and will provide a current list to the successful vendor.

3. Please confirm that the reconciliations are to be based upon date of payment between 10/1/06 – 9/30/07 and should include all dates of services processed for payment during that period.

Yes, the reconciliation for year one is to include all dates of services processed for payment during the period 10/1/06-9/30/07. The contract term is for two years with extension options to allow for future year reconciliations.

4. Can the vendor assume all procedure codes paid by the State are allowable, or is the vendor expected to confirm the State's MMIS edits?

Yes, vendor can assume all procedure codes paid by the State are allowable.

5. Will the State provide the Medicaid standard fee schedule for allowable codes, specialists, locations, etc.?

Yes.

6. Does the State pay the enhanced rate upon initial claims processing or at a later date? If later, what is the frequency?

The enhanced rate is paid upon initial claims processing.

7. Will the State provide the commercial average for use in the reconciliation or is the vendor expected to obtain updated information and calculate the average?

Yes, the state will provide the commercial average.

8. Does the State want the vendor to compute the Medicare based UPL or should the vendor use what the State supplies?

The vendor should use what the State supplies.

9. Is the 134.5 percent applied to Medicare rates part of the State Plan for this program? How was it derived?

In meeting the requirements of Section II, paragraph four, the selected vendor would need to consider this percentage in the review of the impact of Medicare fee schedule changes. The State calculated total expenditures the State would have made during a

twelve month period using both the average commercial rate and Medicare rates for the same period to determine the percentage.

10. Are Medicaid standard physician rates separated between facility and non-facility rates for this program? **No.**

Are the UPL limits separated similarly? **No.**

11. Will billing codes identify facility versus non-facility rates?

No.

12. Who is the incumbent vendor organization currently assisting the State with this work?

There is no vendor organization currently assisting the State with this work. The previous reconciliation was performed by Public Consulting Group through a short term contract. See background description, page 6 of the RFP.

13. How would the State grade its level of satisfaction (on a 1 to 10 scale) with the current incumbent vendor relationship?

NA

14. Why is the State now re-procuring these services?

See answer to question 12.

15. What capability not currently available is the State seeking through this re-procurement?

See answer to question 12.

16. Pages 3 (Section B. Schedule of Events) and 8 (III. Project Schedule/ Deliverables).

If the contract is held by the Contract Review Committee or if the date of the official award is delayed, will the dates in the table for the annual reconciliation change accordingly?

Yes.

17. Page 7 (Scope of Work) Paragraph two states: "MEDICAID will supply the necessary utilization data to perform the analysis."

- a. Will MEDICAID supply the original projection amounts and detail of the transferred funds or is part of the review to obtain that information by review of account detail information, financials, etc.?

Yes. Medicaid will supply this information.

- b. Will MEDICAID supply all of the data needed to perform the reviews or does "utilization data" in the statement refer to just a specific portion of the data? (For example, will detail of Fund transfer amounts, original projections, detailed billed charges for the periods including all needed codes and identifiers, and rates by procedure code for commercial carriers in Alabama be supplied?) Will MEDICAID supply the data for FY06 through FY08?

Medicaid will supply all data needed. Specific data will be agreed upon during Task 1 on the Project Schedule (Review data elements necessary for reconciliation calculations).

- c. Will that data for FY06 through FY08 come in one extract? If not, please indicate how many extracts the data will be provided in.

This will be determined during Task 1 discussions. Most likely it will be an extract for each Fiscal Year.

- d. Currently, in what type of database does the data reside (i.e. DB2, Unix, etc.)?

The data will be extracted from Medicaid's decision support system.

- e. In what form will the data extract be delivered (i.e. flat file that is comma delineated, tilde (~) delineated, etc.)?

Text (Tab delimited)(*.xlt)

- f. How will the data be delivered (i.e. by tape or electronically)?

CD with Zip Files

- g. What is the size (or at least an upper limit) of the data that will be delivered?

The largest Zip file was 130,914 KB during the last reconciliation.

- h. We assume additional data extracts will be provided at the start of any options. Is this correct?

Your assumption is correct.

18. Page 7 (Scope of Work) Paragraph 4 states "...should review the impact of Medicare fee schedule changes in FY06 through FY08 to determine the impact on the current upper payment methodology and make recommendations for adjustment to the methodology."

Is the recommendation above intended for future payments (2009, 2010) or for adjustments to the payments made during FY06 and FY08 or both? Since FY07 would have been reconciled in the requirements of this Scope of Work, it is expected that the reconciliation of FY06 and FY08 would also occur or is the expectation that 07 actual be used to make projections based on the Medicare fee schedule changes.

The recommendation is intended for future payments. The expectation is that 07 actual be used to make projections based on the Medicare fee schedule changes.

19. Page 7 (Scope of Work)

When the previous vendor performed the reconciliation for Feb 05 through September 06, did they also review the impact of Medicare fee schedule changes in subsequent years?

No.

20. Pages 8 (III. Project Schedule/Deliverables) and Page 15 (VII. C. Term of Contract)

Do the dates in the table only apply to the reconciliation of the FY07 information or does it also include the review and recommendation related to the impact of Medicare fee schedule changes in FY06 through FY08?

The dates in the table only apply to the reconciliation of the FY07 information. The timeframe for determining the impact of Medicare fee schedule changes will be done on a schedule recommended by the selected Vendor and approved by Medicaid.

21. Page 10, IV, Pricing: The RFP states that the firm and fixed fee should be specified for year one. And that this fee should be entered in the space provided on the RFP cover form. Page 15, VIII, General Terms and Conditions, C, Term of Contract states that the contract term shall be for two years with three, one-year options.

It is correct that the firm and fixed fee entered on the RFP cover form is the fee that will be applicable to each of the initial two years and will also be the same fee amount that will be expected to apply to each of the option years? For example, if the vendor prices year one at \$2500 and year two at \$2500, is \$2500 or \$5000 entered on the RFP cover form? Then, will \$2500 be funded for year 3, year 4, and year 5 for a total contract amount of \$12,500? Is it an option to price the years at different amounts?

Your assumption is correct. In your example, \$2500 should be entered as the price on the RFP cover sheet. The option years will be at the same fee and should not be priced at different amounts.

22. Page 15 (VII. C. Term of Contract) states: "The initial contract term shall be for two years effective when signed by all parties. MEDICAID shall have three, one-year options for extending this contract..."

Since the initial contract term is for two years, does this mean the review and recommendation related to the impact of Medicare fee schedule changes be expected to occur in year two?

The intent is for this assessment to be performed in year one.

Or would another annual evaluation be performed in year two of the initial contract as well as an additional review and recommendation related to Medicare fee schedule changes for 2009?

Since the Medicare fee schedule typically changes annually, the assessment can expect to be performed annually.

What would occur in each of the optional three years?

Both the reconciliation and Medicare fee impact assessment.

23. Page 20, Section VIII. General Terms and Conditions, Section FF. Qualification to do Business in Alabama:

Question:

Shall an Alabama limited liability company submit an Alabama Certificate of Authority?

Yes.